

## Application for authority to conduct an activity

### Formation Details

|                      | Group | District | Region |
|----------------------|-------|----------|--------|
| Formations attending |       |          |        |
|                      |       |          |        |
|                      |       |          |        |

- Sections(s)
- |                                 |                                       |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Joeys  | <input type="checkbox"/> Venturers    |
| <input type="checkbox"/> Cubs   | <input type="checkbox"/> Rovers       |
| <input type="checkbox"/> Scouts | <input type="checkbox"/> Leaders only |

### Activity Details

|  |                           |         |  |
|--|---------------------------|---------|--|
| <b>Type of activity &amp; description</b><br><small>Major outing/Camp/Hike/Sleepover/etc</small> |                           |         |  |
| <b>Event name</b>  |                           |         |  |
| <b>Location</b>  |                           |         |  |
| <b>Venue Address</b>   |                           |         |  |
| <b>Commencing on</b>   | <input type="text"/>      | at Time | <input type="text"/>                             |
|  | <small>dd/mm/yyyy</small> |         | <small>24 hour time hh:mm or state am/pm</small> |
| <b>Concluding on</b>   | <input type="text"/>      | at Time | <input type="text"/>                             |

### Personnel details -

*Start with the main organiser, then add others as needed. Each person can have multiple roles*

|                            | Person in charge name            | Membership No.       | Appointment          | Email address        |
|----------------------------|----------------------------------|----------------------|----------------------|----------------------|
|                            | <input type="text"/>             | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add your other roles ----> | <b>Person in charge of event</b> |                      |                      | <b>Phone number</b>  |
|                            | <input type="text"/>             |                      |                      | <input type="text"/> |
|                            | <input type="text"/>             |                      |                      |                      |

|                      | Name                 | Membership No.       | Appointment          | Email address        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Add your roles ----> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> |                      |                      | <b>Phone number</b>  |
|                      | <input type="text"/> |                      |                      | <input type="text"/> |

|                      | Name                 | Membership No.       | Appointment          | Email address        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Add your roles ----> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                      | <input type="text"/> |                      |                      | <b>Phone number</b>  |
|                      | <input type="text"/> |                      |                      | <input type="text"/> |

Extra info about personnel

## Anticipated number of participants

|                             |                      |  |
|-----------------------------|----------------------|--|
| <b>Youth</b>                |                      |  |
| Male                        | <input type="text"/> |  |
| Female                      | <input type="text"/> |  |
| <b>Leaders</b>              |                      |  |
| Male                        | <input type="text"/> |  |
| Female                      | <input type="text"/> |  |
| <b>Adult helpers</b>        |                      |  |
| Male                        | <input type="text"/> |  |
| Female                      | <input type="text"/> |  |
| <b>Parent helpers</b>       |                      |  |
| Male                        | <input type="text"/> |  |
| Female                      | <input type="text"/> |  |
| <b>Youth to adult ratio</b> |                      |  |
| Male                        | <input type="text"/> |  |
| Female                      | <input type="text"/> |  |
| Overall                     | <input type="text"/> |  |

| Risk Matrix |    |                |  | Consequence   |  |   |   |  |
|-------------|----|----------------|--|---|--|---|---|--|
|             |    |                |  | C1  | C2   | C3  | C4  | C5   |
|             |    |                |  | Insignificant   | Minor  | Significant   | Major   | Catastrophic   |
|             |    |                |  | Very little effect on personnel health and safety; may require first aid. | May cause minor injury or illness with a duration of a few days at most. | May cause a major accident/injury with longer term ramifications. | May cause severe injury, permanent or partial loss or severe illness. | May cause death or total loss of one or more bodily functions (ie loss of sight or body limb). |
| Likelihood  | L5 | Almost Certain | The incident is expected to occur in most circumstances.           | HIGH  | HIGH   | VERY HIGH   | VERY HIGH   | VERY HIGH  |
|             | L4 | Likely         | The incident will probably occur in most circumstances.            | MEDIUM  | HIGH   | HIGH  | VERY HIGH   | VERY HIGH  |
|             | L3 | Possible       | The incident might occur at some time in many circumstances.       | LOW   | MEDIUM   | HIGH  | HIGH  | VERY HIGH  |
|             | L2 | Unlikely       | The incident could occur at some time or in special circumstances. | LOW   | LOW  | MEDIUM  | HIGH  | VERY HIGH  |
|             | L1 | Rare           | The incident may occur only in exceptional circumstances.          | LOW   | LOW  | LOW   | MEDIUM  | HIGH   |



## Analyse, assess & manage the risks

C = Consequence. L = Likelihood. See Risk matrix above

| ANALYSE & ASSESS RISKS |                              |                        |   |   |             | MANAGE THE RISKS  |       |       |               |
|------------------------|------------------------------|------------------------|---|---|-------------|---|-------|-------|---------------|
| ID                     | HAZARD (WHAT)                | INJURY/DANGER (WHO)    | C | L | RISK RATING | CONTROLS  | NEW C | NEW L | RESIDUAL RISK |
| eg                     | Tent rope                    | Trip - cuts and grazes | 2 | 4 | HIGH        | Tent ropes set out in expected locations - if not, flagged with warning tape. Remind Scouts to be aware when moving around tents. | 2     | 1     | LOW           |
| eg                     | Sun - ultra violet radiation | Sunburn                | 3 | 2 | MEDIUM      | Slip, slop, slap - use ScoutsWA Sun Smart procedure   | 1     | 1     | LOW           |
| E.01                   |                              |                        |   |   |             |   |       |       |               |
| E.02                   |                              |                        |   |   |             |   |       |       |               |
| E.03                   |                              |                        |   |   |             |   |       |       |               |
| E.04                   |                              |                        |   |   |             |   |       |       |               |
| E.05                   |                              |                        |   |   |             |   |       |       |               |
| E.06                   |                              |                        |   |   |             |   |       |       |               |
| E.07                   |                              |                        |   |   |             |   |       |       |               |
| E.08                   |                              |                        |   |   |             |   |       |       |               |
| E.09                   |                              |                        |   |   |             |   |       |       |               |
| E.10                   |                              |                        |   |   |             |   |       |       |               |
| E.11                   |                              |                        |   |   |             |   |       |       |               |
| E.12                   |                              |                        |   |   |             |   |       |       |               |
| E.13                   |                              |                        |   |   |             |   |       |       |               |
| E.14                   |                              |                        |   |   |             |   |       |       |               |
| E.15                   |                              |                        |   |   |             |   |       |       |               |
| E.16                   |                              |                        |   |   |             |   |       |       |               |
| E.17                   |                              |                        |   |   |             |   |       |       |               |
| E.18                   |                              |                        |   |   |             |   |       |       |               |
| E.19                   |                              |                        |   |   |             |   |       |       |               |
| E.20                   |                              |                        |   |   |             |   |       |       |               |
| Highest Residual risk  |                              |                        |   |   |             |   |       |       |               |



## Sign-off

|                       |
|-----------------------|
| Event name            |
| Date                  |
| Highest Residual Risk |

**Leader in charge/(Leader responsible, if activity is being run by a youth member)**

I confirm that all participants including Parents/Guardians of youth participants involved in this activity will be advised in writing of the activity and permission will be obtained before the activity commences.

I have reviewed and completed the 'Risk Management Plan' (attached) for all aspects of the planned activity and control measures will be implemented prior to the activity commencing.

I also confirm that the supervisors of each Adventurous Activity component are either registered as Activity Leaders with the Association and have completed a 'Risk Management Plan' or have provided their Public Liability Insurance Certificate of Currency.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
|                   |  |        |
|                   |  |        |
| Date              |  |        |
| Membership Number |  |        |

**Formation leader**

I approve the activity and confirm that the Leader responsible will collect permission forms two weeks prior to the commencement of the activity and that a 'Risk Management Plan' has been undertaken and that control measures have been identified.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
|                   |  |        |
|                   |  |        |
| Date              |  |        |
| Membership Number |  |        |

**District Commissioner**

I have checked the attached details and approve the 'Risk Management Plan' that the Leader Responsible has undertaken for this activity and that control measures have been identified.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
|                   |  |        |
|                   |  |        |
| Date              |  |        |
| Membership Number |  |        |

**BC Scoutsafe**

I have checked the attached details and approve the 'Risk Management Plan' that the Leader Responsible has undertaken for this activity and that control measures have been identified.

|                   |             |        |
|-------------------|-------------|--------|
| Name              | Geoff Jagoe | Signed |
|                   |             |        |
|                   |             |        |
| Date              |             |        |
| Membership Number | 59247       |        |

## AA Supervisor(s)

I confirm that I have provided a Risk Management Plan(s) to cover the Adventurous Activities being run at this event.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
| Activity          |  |        |
| Date              |  |        |
| Membership Number |  |        |

I confirm that I have provided a Risk Management Plan(s) to cover the Adventurous Activities being run at this event.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
| Activity          |  |        |
| Date              |  |        |
| Membership Number |  |        |

I confirm that I have provided a Risk Management Plan(s) to cover the Adventurous Activities being run at this event.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
| Activity          |  |        |
| Date              |  |        |
| Membership Number |  |        |

I confirm that I have provided a Risk Management Plan(s) to cover the Adventurous Activities being run at this event.

|                   |  |        |
|-------------------|--|--------|
| Name              |  | Signed |
| Activity          |  |        |
| Date              |  |        |
| Membership Number |  |        |